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5775 Morehouse Drive, San Diego, California 92121-2779 (858) 651-1306 Fax: (858) 658-2502

Facsimile Transmittal

DATE:

November 24, 2004

ATTN:

Examiner Kevin Kim

TO:

U.S. PATENT AND TRADEMARK OFFICE

FAX:

(703) 872-9306

FROM:

George C. Pappas

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(858) 651-1306

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Application No.: 10/086,574

Number of Pages Sent: 10 (including this transmittal cover sheet)

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PTO/SB/21

T-636 P.002 F-452 U.S. Department of Commerce Patent and Trademark Office PATENT

/TO AND AND VEDT 13 04/30/04)

AMENDMENT TRANSMITTAL FORM

Mail Stop Amendment Commissioner for Patents P.O. Box 1450

Alexandria, VA 22313-1450

Customer No.: 23696 Attorney Docket No.: 020111 In Re Application of: Teague et al. Serial Number: 10/086,574 Filed: February 28, 2002 Examiner: Kevin Kim

Group Art Unit: 2634

Dear Sir:

itted herewith for filing is a Response to Office Action in the above identified application.

Multiple Dependent Claim(s): Yes No \$300 \$0 EXTENSION FEES One Month \$110 \$0 EXTENSION FEES Two Months \$430 \$0 Three Months \$980 \$0 TERMINAL DISCLAIMER \$110 \$0 "If the number in column a is less than 20, enter 0 in column c. "If the number in column a is less than 20, enter 0 in column c. "If the number in column a is less than 3, enter 0 in column c. "If the number in column a is less than 3, enter 0 in column c. "If the number in column a is less than 3, enter 0 in column c. "If the number in column a is less than 3, enter 0 in column c. "If the number in column a is less than 3, enter 0 in column c. "If the number in column a is less than 3, enter 0 in column c. "If the number in column a is less than 20, enter 0 in column c. The Commissioner is hereby authorized to charge payment of any additional fees which may be required, or cree any overpayment to said Deposit Account No. 17-0026, A duplicate of this sheet is enclosed for fee processing. The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization. Onte: November 24, 2004 George C. Pappas, Reg. No. 35,065 Phone No. (858) 651-1306	CLAIMS	(a) Number Remaining After Amendment	(b) Highest Number Previously Paid For	(c) Extra Claims	Large Entity Fee	Fee Paid
Multiple Dependent Claim(s): Yes No \$300 \$0 EXTENSION FEES	Total*	17	32	0	x \$18=	\$0
One Month \$110 \$0	Independent**	12	13	0	x \$88=	\$0
EXTENSION FRES One Month \$110 \$0 Two Months \$430 \$0 Three Months \$980 \$0 Three Months \$980 \$0 Terminal Disclaimer \$110 \$0 Tithe number in column a is less than 20, enter 0 in column a. **If the number in column a is less than 3, enter 0 in column a. **If the number in column a is less than 3, enter 0 in column a. **If the number in column a is less than 3, enter 0 in column a. **If the number in column a is less than 3, enter 0 in column a. **If the number in column a is less than 3, enter 0 in column a. **If the number in column a is less than 3, enter 0 in column a. **If the number in column a is less than 3, enter 0 in column a. **If the number in column a is less than 3, enter 0 in column a. **If the number in column a is less than 3, enter 0 in column a. **If the number in column a is less than 3, enter 0 in column a. **If the number in column a is less than 3, enter 0 in column a. **If the number in column a is less than 3, enter 0 in column a. **If the number in column a is less than 3, enter 0 in column a. **If the number in column a is less than 3, enter 0 in column a. **If the number in column a is less than 3, enter 0 in column a. **If the number in column a is less than 3, enter 0 in column a. **If the number in column and/or extension fees. Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated to charge payment of any additional fees which may be required, or creating any overpayment to said Deposit Account No. 17-0026, A duplicate of this sheet is enclosed for fee processing. **If the number in column a is less than 3, enter 0 in column a. **If the number of any additional fees which may be required, or creating any additional fees which may be required, or creating any additional fees which may be required or charge to said Deposit Account No. 17-0026, A duplicate of this sheet is enclosed for fee processing. **If the number of any additional fees which may be required, or creating any additional fees which may be required, or creating an	Multiple Depen	dent Claim(s):	Yes No		\$300	\$0
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TERMINAL DISCLAIMER \$110 \$0 Total fee sumber in column a is less than 20, enter 0 in column c. If the number in column a is less than 3, enter 0 in column c. If the number in column a is less than 3, enter 0 in column c. Total fee \$0 Total fee \$0	EX	TENSION FEES		wo Months	\$430	\$0
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Fee check in the amount of \$ is enclosed to pay for any claim and/or extension fees. Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$0. The Commissioner is hereby authorized to charge payment of any additional fees which may be required, or creany overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing. The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization. Oute: November 24, 2004 George C. Pappas, Reg. No. 35,065 Phone No. (858) 651-1306 Attn: Patent Department of the commission of the c		TERMINAL	DISCLAIMER		\$110	\$0
Fee check in the amount of \$ is enclosed to pay for any claim and/or extension fees. Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$0. The Commissioner is hereby authorized to charge payment of any additional fees which may be required, or created any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing. The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization. Date: November 29, 2004 Signature: George C. Pappas, Reg. No. 35,065 Phone No. (858) 651-1306 Attn: Patent Department 1775 Morehouse Drive San Diego, California 92121-1714 Telephone: (858) 658-5787	*If the number in co	lumn a is less than 20, on	ter 0 in column c. ter 0 in column c.		TOTAL FEE	\$O
				Signature:		
	Attn: Patent De 5775 Morehouse San Diego, Calif Felephone:	ncorporated partment Drive fornia 92121-1714 (858) 658-5787 (858) 658-2502			George C. Pappas, Reg. 1 Phone No. (858) 651-130	
	Attn: Patent De 5775 Morehouse San Diego, Calif Felephone: Pacsimile:	ncorporated partment Drive Cornia 92121-1714 (858) 658-5787 (858) 658-2502		.ING/TRANSMI	George C. Pappas, Reg. 1 Phone No. (858) 651-130 SSION (37 CFR 1.8(a))	
	Attn: Patent De 5775 Morehouse San Diego, Calif Felephone: Pacsimile:	ncorporated partment Drive fornia 92121-1714 (858) 658-5787 (858) 658-2502 CERTIF that this correspond	ence is, on the date	.ING/TRANSMI	George C. Pappas, Reg. 1 Phone No. (858) 651-130 SSION (37 CFR 1.8(a)) ting:	
I hereby certify that this correspondence is, on the date shown below, being: MAILING FACSIMILE deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. Depositor's Name: Theresa Badet	Attn: Patent De 5775 Morehouse San Diego, Calif Telephone: Facsimile: I hereby certify to deposited with sufficiency a Patents, P.C.	ncorporated partment Drive fornia 92121-1714 (858) 658-5787 (858) 658-2502 CERTIF that this correspond MAILING with the United State ent postage as first of ddressed to the Co	ence is, on the date s Postal Service class mail, in an opposissioner for	JNG/TRANSMI shown below, be ⊠ transm Traden	George C. Pappas, Reg. 1 Phone No. (858) 651-130 ISSION (37 CFR 1.8(a)) ring: FACSIMILE ditted by facsimile to the mark Office. Name: Theresa Bader	e Patent and
I hereby certify that this correspondence is, on the date shown below, being: MAILING FACSIMILE deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-	Attn: Patent De 5775 Morehouse San Diego, Calif Felephone: Facsimile: I hereby certify t deposited w with suffici envelope a Patents, P.C 1450. Depositor's Nan	corporated partment Drive Cornia 92121-1714 (858) 658-5787 (858) 658-2502 CERTIF that this correspond MAILING with the United State ent postage as first of ddressed to the Co D. Hox 1450, Alexand ne:	ence is, on the date is Postal Service class mail, in an ommissioner for iria, VA 22313-	ING/TRANSMI s shown below, be transm Traden Depositor's	George C. Pappas, Reg. 1 Phone No. (858) 651-130 ISSION (37 CFR 1.8(a)) ring: FACSIMILE itted by facsimile to the nark Office. Name: Theresa Bader (type or print name)	ne Patent and

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application No. 10/086,574) For:)	RAKE RECEIVER FOR TRACKING CLOSELY SPACED MULTIPATH	
Edward Harrison Teague, et al.)		
Examiner: Kim, Kevin Y.)		
Filed: February 28, 2002) Group No.	2634	
AN	MENDMENT		
Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450			
Dear Commissioner:			
In response to the Office Action da	ted August 25, 2	2004 please amend the above-identified	
application as indicated below.			
CERTIFICATE OF MAII	ING/TRANSMIS	SION (37 CFR 1.8(a))	
I hereby certify that this correspondence is, on the	date shown below,		
MAILING		FACSIMILE	
deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-	Trad	☑ transmitted by facsimile to the Patent and Trademark Office.	
1450.	Depositor	's Name: <u>Theresa Badet</u> (type or print name)	
Depositor's Name:(type or print name)	Date: Ne	ovember 24, 2004	
Date:	Signature	: Hresse Badet	
Signature:			

Attorney Docket No.:020111 Customer No.: 23696